



Gold Program Application

New ___ Renewal ___

Your name: _____ DOB _____

Last 4 digits of SSN _____ Membership cost: \$ _____

Address: _____

Home Phone: _____ Cell Phone: _____

2nd Member: _____ Age: _____ Membership cost: \$ _____

3rd Member: _____ Age: _____ Membership cost: \$ _____

4th Member: _____ Age: _____ Membership cost: \$ _____

5th Member: _____ Age: _____ Membership cost: \$ _____

Total of Members on Plan: _____

Total price of Members participating in Gold Plan: \$ _____

Start date of Gold Program: _____

Cash _____ Check _____ Credit Card _____ HSA _____

Credit Card # _____ CVV: _____ Exp. Date: _____

Authorized Signature: _____

*Checks made payable to Schulte Family Dentistry

Please print off and mail or bring payment into our office:

Schulte Family Dentistry

4515 Churchman Ave.

Louisville, KY 40215